Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in		0 : 0000	COVERPAGE LIFORNIA 460 2001/02 FORM
SEE INSTRUCTIONS ON REVERSE	Statement covers period from 03/18/2006 through 05/20/2006	Date of election if applicable: (Month, Day, Year) DISTRIA	R OF NOTER	of <u>14</u>
State Candidate Election Committee C Recall (Also Complete Part 5) C General Purpose Committee (Also Sponsored Properties Prop	mplete Parts 1, 2, 3, and 4. rimarily Formed Ballot Measure ommittee) Controlled) Sponsored (so Complete Part 6) rimarily Formed Candidate/ fficeholder Committee (so Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination Amendment (Explain below)	Quarterly Sta Special Odd- Supplementa Statement - A	Year Report
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Chriss Street for Orange County Treasurer STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP COR MAILING ADDRESS (IF DIFFE) NO. AND STREET OR P.O. BO	WELL GODEN HONE	Treasurer(s) NAME OF TREASURER Betty Presley MAILING ADDRESS CITY NAME OF ASSISTANT TREASURER, IF AN	STATE ZIP CODE	AREA CODE/PHONE
CITY STATE ZIP COE OPTIONAL: FAX / E-MAIL ADDRESS		MAILING ADDRESS CITY OPTIONAL: FAX / E-MAIL ADDRESS	STATE ZIP CODE	AREA CODE/PHONE
I have used all reasonable diligence in preparing and reviewing tunder penalty of perjury under the laws of the State of California Executed on	By Signature of Com	Wledge the information contained herein and in Signature of Ressurer cursostant Treasurer folling Officeholder, Candidate, State Measure Proponent or Res	sponsible Officer of Sponsor	and complete. I certify

ponent FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) State of California 5.

COVER PAGE - PART 2

CALIFORNIA FORM 460

Page 2 of 14

Officeholder or Candidate Controlled C	Committee	6.	Primarily Formed Ballo	t Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Chriss Street						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND Local Treasurer County of Orange	DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	SUPPORT OPPOSE
RESIDENTIAL /RUSINESS ADDRESS (AIO AND STREET	STATE ZIP		Identify the controlling offi	ceholder, ca	ndidate, or state meas	ure proponent, if any.
Related Committees Not Included in th	is Statement: List any committees		NAME OF OFFICEHOLDER, CAN	DIDATE, OR PF	ROPONENT	
not included in this statement that are controlled be contributions or make expenditures on behalf of you	oy you or are primarily formed to receive our candidacy.		OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER	_				
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO	7.	Primarily Formed Candofficeholder(s) or candidate(s)	didate/Office) for which the	ceholder Committe is committee is primarily	e List names of formed.
COMMITTEE ADDRESS STREET ADDRESS (NO	D P.O. BOX)		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HI	SUPPORT OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HI	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HE	
NAME OF TREASURER	CONTROLLED COMMITTEE?					OPPOSE
	YES NO		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO	D P.O. BOX)					
CITY STATE	ZIP CODE AREA CODE/PHONE		Attac	h continuatio	on sheets if necessary	•

Campaign Disclosure Statement Summary Page

18. Cash Equivalents See instructions on reverse \$ 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$

Type or print in ink. Amounts may be rounded to whole dollars.

			GF

Statement covers period

Summary Page	-	to whole dollars.	1eQ		Stater	03/18/2006	FORM 460
SEE INSTRUCTIONS ON REVERSE					through .	05/20/2006	Page3 of14
NAME OF FILER Chriss Street for Orange County Treasurer							I.D. NUMBER 1276969
Contributions Received		Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)		Column CALENDAR YI TOTAL TO DA	EAR	Running in Both th	imary for Candidates e State Primary and
1. Monetary Contributions Schedule A, Line 3	\$	500.00	\$	1,700	.00	General Elections	
2. Loans Received Schedule B, Line 3		185,000.00		300,000	.00	1/1 ti	hrough 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	185,500.00	\$	301,700	.00	20. Contributions	\$
4. Nonmonetary Contributions		0.00		0	.00	Received \$ 21. Expenditures	5
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	185,500.00	\$	301,700	.00	Made \$	\$
Expenditures Made						Expenditure Limit	Summary for State
6. Payments Made	\$	137,952.52	\$	179,645	5.19	Candidates	January for Grate
7. Loans Made Schedule H, Line 3		0.00			0.00		.•
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	137,952.52	\$	179,645	5.19		re Expenditures Made* Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		3,400.00		3,400	0.00	Date of Election	Total to Date
10. Nonmonetary Adjustment		0.00			0.00	(mm/dd/yy)	
11. TOTAL EXPENDITURES MADE	\$	141,352.52	\$	183,045	.19		\$
Current Cash Statement	-				· · · · · · · · · · · · · · · · · · ·		_
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	54,387.25	To	calculate Colum	n Badd		
13. Cash Receipts Column A, Line 3 above		185,500.00	an	mounts in Colum	n A to the	ř	
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	orresponding am om Column B of	ounts your last	*Amounts in this section n reported in Column B.	nay be different from amounts
15. Cash Payments Column A, Line 8 above		137,952.52	re	port. Some amo olumn A may be	ounts in	· Column B.	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	101,934.73	fig	jures that should	l be		
If this is a termination statement, Line 16 must be zero.			ре	btracted from period amounts.	f this is		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	fo	e first report bei r this calendar y irry over the am	ear, only	,	
Cash Equivalents and Outstanding Debts			fro	om Lines 2, 7, ar			

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A

Type or print in ink.

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Monetary Contributions Received			ts may be rounded whole dollars.	Statement cover from03/18/2	CALIFORNIA 460			
SEE INSTRUCTIO	ONS ON REVERSE			through05/20/2	006	Page	4	of <u>14</u>
NAME OF FILER				<u> </u>		I.D. NU	MEED	
Chriss Stre	et for Orange County Treasurer					1.D. NO		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	TO	LECTION DATE QUIRED)
05/04/2006	William G. Steiner .	☑IND □COM □OTH □PTY □SCC	Partner Hebrock Steiner, Inc.	250.00	2	50.00	P 06	250.00
05/05/2006	Jack Wu	IND COM OTH PTY SCC	Controller Tait & Associates	250.00	2	50.00	P 06	250.00
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL \$	500.00	de la companya de la			111
1. Amount red (Include all	A Summary ceived this period – itemized monetary contributions. Schedule A subtotals.)				IND-	ributor C Individua - Recipie (other t		ee or SCC)
3. Total mone	ceived this period – unitemized monetary contributions tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Colur			0.00	PTY-	– Other (· Political	e.g., busin	ess entity)

Sched	ule	B –	Part	1
Loans	Rec	eive	be	

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

Type or print in ink.

COU	EDI	11 = 0		ART 1
SUH	F131	<i>川 〒</i> ト	4 - P	ARI 1

Loans Received	Amounts may be rounded to whole dollars.			from03/18	ers period	FORM 460		
SEE INSTRUCTIONS ON REVERSE					through 05/20	/2006	Page5	of14
NAME OF FILER							I.D. NUMBER	
Chriss Street for Orange County Treas	urer						1276969	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVED THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS
Chriss Street	President			PAID	LENVE			CALENDAR YEAR
	Street Asset Management			0.00 \$ FORGIVEN	\$ 15,000.00	0.00% %	\$	\$ 135,000.00 PER ELECTION**
[†] ☑ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	05/12/2005 DATE INCURRED	P06 300,000.00
Chriss Street	President			☐ PAID				CALENDAR YEAR
•	Street Asset Management		,	\$0.00	\$ 100,000.00	0.00% % RATE	\$	\$135,000.00 PER ELECTION **
[†] ⊠ IND □ COM □ OTH □ PTY □ SCC		\$	0.00	\$	12/31/2006 DATE DUE	\$	12/31/2005 DATE INCURRED	P06 300,000.00
Chriss Street	President			PAID				CALENDAR YEAR
5	Street Asset Management			0.00 \$	\$	0.00% RATE	\$	\$ 135,000.00
[†] ⊠ IND □ COM □ OTH □ PTY □ SCC		\$	85,000.00 \$		04/28/2007 DATE DUE	\$	04/28/2006 DATE INCURRED	PER ELECTION** P06 300,000.00
	1	1			DATE DOL		DATE INCURRED	
		SUBTOTALS \$	85,000.00	0.00	200,000.00	\$ 0.00		ALLAS A
Schedule B Summary					•	(Enter (e) on Schedule E, Line 3)		
Loans received this period (Total Column (b) plus unitemized loan	s of less than \$100.)			\$	185,000.00	(†c	Contributor Codes	
 Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party tha 	0 paid or forgiven.)			\$	0.00	IN CC	D – Individual DM – Recipient Co (other than F FH – Other (e.g.,	mmittee PTY or SCC) business entity)
Net change this period. (Subtract Line Enter the net here and on the Summar	e 2 from Line 1.)	•		NET \$	185,000.00 (lay be a negative number)	SC	Y – Political Party CC – Small Contrib	outor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule B – Part 1 Loans Received		to whole dollars.				Statement covers period		IA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER	**************************************	,				0/2006	Page 6	of14
Chriss Street for Orange County Treasu	nrer						1276969	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IFCOMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIL OR FORGIVEI THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
Chriss Street . † M IND	President Street Asset Management	\$0.00	\$	PAID \$ 0.00 \$ 0.00 FORGIVEN 0.00	\$ 100,000.00	0.00% % RATE 0.00	\$ 100,000.00 \$ 05/18/2006 DATE INCURRED	CALENDAR YEAR
† IND COM OTH PTY SCC		š	\$	PAID FORGIVEN		% RATE	\$	CALENDAR YEAR \$ PER ELECTION 4
				PAID FORGIVEN	S	%	\$	CALENDAR YEAR \$ PER ELECTION*
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	s	DATE INCURRED	\$
		SUBTOTALS \$	100,000.00	0.00	\$ 100,000.00	\$ 0.00	en policies La properties de la properti	
Schedule B Summary 1. Loans received this period						(Enter (e) on Schedule E, Line 3)		
(Total Column (b) plus unitemized loans	s of less than \$100.)			\$	185,000.00	Cia		• — — — — —

2. Loans paid or forgiven this period\$ (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)

Enter the net here and on the Summary Page, Column A, Line 2.

†Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A. ** If required.

Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Type or print in Amounts may be r to whole dolla	ounded irs.	Statement covers	CALIF	
	ONS ON REVERSE			through05/20/2	1006 Page _	7 of 14
NAME OF FILER Chriss Stre	eet for Orange County Treasurer				I.D. NUN 12769	IBER
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/08/2006	Republican Party of Orange County	Monetary Contribution Nonmonetary Contribution		2,500.00	2,500.00	(IF NEGUINED)
	X Support ☐ Oppose	Independent Expenditure				
	·	Monetary Contribution Nonmonetary Contribution Independent				
	Support Dppose	Expenditure				
	•	Monetary Contribution Nonmonetary Contribution Independent				
	☐ Support ☐ Oppose	Expenditure				
			SUBTOTAL \$	2,500.00		
Schedule I	D Summary					
l. Itemized co	ontributions and independent expenditures made	this period. (Include all	Schedule D subtotals.)	***************************************	····· \$ <u> </u>	2,500.00
2. Unitemized	d contributions and independent expenditures ma	de this period of under 9	\$100		•	0.00

Schedule !	E
Payments	Made

Type or print in Ink.
Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from03/18/2006	FORM 400
through05/20/2006	Page8 of14
	I.D. NUMBER
	1276969

				110111			
SEE INSTRUCTIONS ON REVERSE				through _	05/20/2006	Page	8 of ¹⁴
NAME OF FILER				<u> </u>			
Chriss Street for Orange County Treasurer						I.D. NUME	3ER
			-			1276969	
CODES: If one of the following codes accurately describes	the payment, vo	ou mav en	ter the code. Other	vise descri	he the navment		
Gampaign paraphernalia/misc.	MBR membercon	nmunications					
CNS campaign consultants		nd appearance			airtime and production	costs	
CTB contribution (explain nonmonetary)*	OFC office exper				ned contributions paign workers' salaries		
CVC civic donations	PET petition circu		•	TEL t.v. o	r cable airtime and prod		
FIL candidate filing/ballot fees	PHO phone banks		•	TRC candi	date travel, lodging, and	d meals	
FND fundraising events ND independent expenditure supporting/appasing others (explain)*	POL polling and	survey resea	rch	TRS staff/s	spouse travel, lodging,	and meals	
IND independent expenditure supporting/opposing others (explain)* LEG legal defense	POS postage, de	livery and me	essenger services	TSF trans	fer between committees	s of the sam-	e candidate/snonsor
LIT campaign literature and mailings	PRO professional PRT print ads	services (le	gal, accounting)	VOI voter	registration		
The state of the s	PRT print ads			WEB inform	nation technology costs	(internet, e-r	nail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)							
Reed & Davidson, LLP			OR DESC	CRIPTION OF PA	YMENT		AMOUNT PAID
NOCE & SEVICEOUT, HEF		PRO					15,000.00
Republican Party of Orange County (#742088)		СТВ					
						İ	2,500.00
Visteva Corporation		WEB					
							406.50
		ļ					
* Payments that are contributions or independent expenditures m	ust also be summ	arized on S	chedule D.		SIII	BTOTAL \$	17,906.50
Schedule E Summary							17,306.30
		,					
Itemized payments made this period. (Include all Schedule E	E subtotals.)	••••••••	••••••	•••••		\$	137,952.52
2. Unitemized payments made this period of under \$100	•			•••••	······································	\$	0.00
3. Total interest paid this period on loans. (Enter amount from S	Schedule B, Part 1	1, Column	(e).)			\$	0.00
 Total payments made this period. (Add Lines 1, 2, and 3. En 	ter here and on th	ne Summai	ry Page, Column A, L	.ine 6.)	тот	TAL \$	137,952.52
			•				

Schedule E

Type or print in ink.

SCHEDU	LEE	CONT

(Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.			from03/18/2006	CALIFORI FORM	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER	11 *** about 1 ** about 2 ** about 2 ** about 3 ** abou			through05/20/2006	Page9	
Chriss Street for Orange County Treasurer					1276969	
CODES: If one of the following codes accurately described campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR member community meetings and OFC office expenion petition circul PHO phone banks POL polling and services postage, deli	munications if appearance ses ating urvey researe very and me	s	RAD radio airtime and production returned contributions SAL campaign workers' salarie t.v. or cable airtime and protuction TRC candidate travel, lodging, a staff/spouse travel, lodging, transfer between committee voter registration WEB information technology cost	on costs s coduction costs and meals g, and meals ees of the same	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (DR DES	CRIPTION OF PAYMENT		AMOUNT PAID
Betty Presley & Associates, Inc.		PRO				850.00
Brett R. Barbre		OFC				377.11
Orange County Property Rights Coalition (#1285728)		LIT	Slate Card			15,000.00
Brett R. Barbre		CNS				10,000.00
Coalition for Senior Citizen Security (#592015)		LIT	Slate Card	•.		6,300.00
Payments that are contributions or independent expenditures must al	lso be summarized on S	Schedule D.	,	S	UBTOTAL \$	32,527.11

Continuation Sheet) Payments Made EE INSTRUCTIONS ON REVERSE IAME OF FILER	Type or print in ink. Amounts may be rounded to whole dollars.		Statement covers period from 03/18/2006 through 05/20/2006	CALIFOI FOR Page	CALIFORNIA 460 FORM Page 10 of 14 I.D. NUMBER	
CODES: If one of the following codes accurately described ampaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone bank POL polling and POS postage, de	nmunications Id appearance Ises Idating Is Is Idating Is Idating Is Idating Id	es	RAD radio airtime and productions SAL campaign workers' sal TEL t.v. or cable airtime and TRC candidate travel, lodgin TRS staff/spouse travel, lod TSF voter registration WEB radio airtime and candidate travel, lodgin staff/spouse travel, lod transfer between communication technology	aries d production costs g, and meals ging, and meals nittees of the sam	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DE	SCRIPTION OF PAYMENT		AMOUNT PAID
Continuing the Republican Revolution (#598041)		LIT	Slate Card			8,000.00
Orange County Republican Leadership Voter Guide (#1285120)		LIT	Slate Card			16,463.00
Our Voice Latino Voter Guide (#599015)		LIT	Slate Card			1,274.00
Save Proposition 13 (#598040)		LIT	Slate Card			17,250.00
Federal Express		POS				15.04

SUBTOTAL \$

43,002.04

Schedule F

Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE TAME OF FILER Chriss Street for Orange County Treasurer	Type or print in ink. Amounts may be rounded to whole dollars.		from _ throug	05/00/0006		11 of 14 ER	
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CMP campaign paraphernalia/misc. CMS campaign consultants contribution (explain nonmonetary)* civic donations CMS civic donatio	MBR member com MTG meetings and OFC office expen PET petition circul PHO phone banks POL polling and s POS postage, deli	munications d appearance ses ating urvey resear very and me	es	RAD (RFD (RFD (RFD (RFD (RFD (RFD (RFD (RF	describe the payment radio airtime and production returned contributions campaign workers' salaries by or cable airtime and procandidate travel, lodging, airtiff/spouse travel, lodging ransfer between committee voter registration information technology cost	n costs s oduction costs nd meals , and meals es of the sam	s ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR DE	SCRIPTION	OF PAYMENT		AMOUNT PAID
Betty Presley & Associates, Inc.		PRO					850.00
California Club for Growth Newsletter (#1279517)	, <u></u>	LIT	Slate Card				10,150.00
Democratic Voters Choice (#595002)		LIT	Slate Card				3,300.00
Nonpartisan Candidate Evaluation Council (#588002)		LIT	Slate Card				9,750.00
Team California (#598036)		LIT	Slate Card				5,621.00
Payments that are contributions or independent expenditures must als	o be summarized on \$	Schedule D.			SI	JBTOTAL \$	29 671 00

Schedule E	
(Continuation Shee	et)
Payments Made	•

Type or print in ink.

Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.			from 03/18/2006	CALIFORNIA FORM	460
EE INSTRUCTIONS ON REVERSE AME OF FILER				through05/20/2006		of14
Chriss Street for Orange County Treasurer					I.D. NUMBER 1276969	
CODES: If one of the following codes accurately described management of the following codes accurately described management of the following codes accurately described management of the following campaign paraphernalia/misc. Contribution (explain nonmonetary)* Civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* EG legal defense campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circul PHO phone banks POL polling and s POS postage, deli	munications d appearance ses lating survey resear ivery and me	es	RAD radio airtime and producting returned contributions SAL campaign workers' salarity. TEL t.v. or cable airtime and producting transfer between committed voter registration information technology co	on costs es roduction costs and meals g, and meals ees of the same can	ididate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DES	CRIPTION OF PAYMENT	АМ	OUNT PAID
Citizens for Representative Government (#595003)		LIT	Slate Card			1,000.00
Faith Family & Freedom Association (#1270781)		LIT	Slate Card			7,500.00
JohnsonClark Associates		POL				1,000.00
Reed & Davidson, LLP		PRO				4,596.40
CRA Voter Guide (#1271601)		LIT	Slate Card	:		749.47
Payments that are contributions or independent expenditures must als	so be summarized on S	Schedule D.	** *** **** **************************	S	UBTOTAL \$	14,845.87

	ø
	•

Schedule F Accrued Expenses (Unpaid Bills)	Type or print in ink. Amounts may be round to whole dollars.		Statement cove		CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			from03/18/	/2006 Page	e 13 of 14		
Chriss Street for Orange County Treasurer				ı	MBER 6969		
CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	RAD radio airtime an RFD returned contribution of the compaign work t.v. or cable airt TRC candidate trave TRS staff/spouse transfer betwee VOT voter registration	d production costs outions ers' salaries ime and production cost, lodging, and meals vel, lodging, and meals on committees of the s.	s ame candidate/sponsor				
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD		
Bieber Communications	LIT	0.00	3,400.00	0.00			
	-						
Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS S	0.00 \$	3,400.00\$	0.00	\$ 3,400.00		
Schedule F Summary							
 Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized a 	accrued expenses under \$	5100.)	INCUF	RRED TOTALS \$ _	3,400.00		
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized p	edule F. Column (c) subtot	als for navments on					
Net change this period. (Subtract Line 2 from Line 1. Entoon the Summary Page, Column A, Line 9.)	er the difference here and	i					

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period from03/18/2006	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through05/20/2006	Page14 of14
NAME OF FILER Chriss Street for Orange County Treasurer			I.D. NUMBER 1276969
NAME OF AGENT OR INDEPENDENT CONTRACTOR Brett R. Barbre			
CODES: If one of the following codes accurately describ CMP campaign paraphernalia/misc. CRS campaign consultants contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	es the payment, you may enter the code. O MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, and TRS staff/spouse travel, lodging, and	costs luction costs d meals and meals s of the same candidate/sponsor

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
Staples	OFC				377.11
		İ			
		-			
Attach additional information on appropriately labeled continue					
acr. accidental information on appropriately labeled continue	auon sneets.			TOTAL* \$	377.11

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)